

**Hawaii Employer-Union Health Benefits Trust Fund**  
**EUTF Monthly Active COBRA Rates (All except BU12)**

Benefit Plan	Type of Enrollment	7/1/2014 - 6/30/2015	
		Regular COBRA	Disability COBRA
MEDICAL PLANS			
PPO - 90/10 Plan - HMSA Medical	Self	\$ 423.42	\$ 622.68
	Two Party	1,027.81	1,511.49
	Family	1,310.72	1,927.53
PPO - 80/20 Plan - HMSA Medical	Self	\$ 385.42	\$ 566.79
	Two-Party	935.54	1,375.80
	Family	1,193.09	1,754.55
PPO - 75/25 Plan - HMSA Medical	Self	\$ 361.49	\$ 531.60
	Two-Party	877.49	1,290.42
	Family	1,119.04	1,645.65
EUTF PPO Prescription Drug - CVS Caremark	Self	\$ 90.17	\$ 132.60
	Two-Party	219.08	322.17
	Family	279.15	410.52
HMO - HMSA Medical	Self	\$ 470.65	\$ 692.13
	Two-Party	1,142.50	1,680.15
	Family	1,457.01	2,142.66
EUTF HMO Prescription Drug - CVS Caremark	Self	\$ 90.17	\$ 132.60
	Two-Party	219.08	322.17
	Family	279.15	410.52
HMO - Kaiser Comprehensive Medical Kaiser Prescription Drug	Self	\$ 487.23	\$ 716.52
	Two-Party	1,183.98	1,741.14
	Family	1,510.42	2,221.20
HMO - Kaiser Standard Medical Kaiser Prescription Drug	Self	\$ 344.60	\$ 506.76
	Two-Party	837.34	1,231.38
	Family	1,068.18	1,570.86
Supplemental - Royal State National Supplemental Prescription Drug	Self	\$ 41.92	\$ 61.65
	Two-Party	104.81	154.13
	Family	116.65	171.54
DENTAL PLAN			
HDS Dental	Self	\$ 32.72	\$ 48.12
	Two-Party	65.44	96.24
	Family	107.67	158.34
VISION PLAN			
VSP Vision	Self	\$ 6.53	\$ 9.60
	Two-Party	12.06	17.73
	Family	15.75	23.16
CHIROPRACTIC PLAN			
Royal State Chiro	Self	\$ 1.43	\$ 2.10
	Two-Party	2.88	4.23
	Family	3.04	4.47

**NOTE:** Rates include the ACA Insurer fees for all fully-insured benefits as provided by the carriers. ACA Insurer fees not required for prescription drug rates. The rates exclude the Reinsurance fees and Comparative Effectiveness Research (Patient-Centered Outcome Research Institute) fees assessed to comply with ACA.

EUTF admin fees are not included in the rates.

**Hawaii Employer-Union Health Benefits Trust Fund**  
**EUTF Monthly Active COBRA Rates - Bargaining Unit 12**

Benefit Plan	Type of Enrollment	7/1/2014 - 6/30/2015	
		Regular COBRA	Disability COBRA
MEDICAL PLANS			
PPO - 90/10 Plan - HMSA Medical	Self	\$ 351.90	\$ 517.50
	Two Party	879.83	1,293.87
	Family	1,140.58	1,677.33
PPO - 80/20 Plan - HMSA Medical	Self	\$ 320.63	\$ 471.51
	Two-Party	801.58	1,178.79
	Family	1,039.14	1,528.14
PPO - 75/25 Plan - HMSA Medical	Self	\$ 300.21	\$ 441.48
	Two-Party	750.50	1,103.67
	Family	972.94	1,430.79
EUTF PPO Prescription Drug - CVS Caremark	Self	\$ 65.38	\$ 96.15
	Two-Party	163.69	240.72
	Family	212.04	311.82
HMO - HMSA Medical	Self	\$ 399.53	\$ 587.55
	Two-Party	999.27	1,469.52
	Family	1,295.54	1,905.21
EUTF HMO Prescription Drug - CVS Caremark	Self	\$ 65.38	\$ 96.15
	Two-Party	163.69	240.72
	Family	212.04	311.82
HMO - Kaiser Comprehensive Medical Kaiser Prescription Drug	Self	\$ 417.51	\$ 613.98
	Two-Party	1,043.70	1,534.86
	Family	1,352.60	1,989.12
HMO - Kaiser Standard Medical Kaiser Prescription Drug	Self	\$ 286.17	\$ 420.84
	Two-Party	715.39	1,052.04
	Family	927.14	1,363.44
Supplemental - Royal State National Supplemental Prescription Drug	Self	\$ 41.92	\$ 61.65
	Two-Party	104.81	154.13
	Family	116.65	171.54
DENTAL PLAN			
HDS Dental	Self	\$ 32.72	\$ 48.12
	Two-Party	65.44	96.24
	Family	107.67	158.34
VISION PLAN			
VSP Vision	Self	\$ 6.53	\$ 9.60
	Two-Party	12.06	17.73
	Family	15.75	23.16
CHIROPRACTIC PLAN			
Royal State Chiro	Self	\$ 1.43	\$ 2.10
	Two-Party	2.88	4.23
	Family	3.04	4.47

**NOTE: Rates include the ACA Insurer fees for all fully-insured benefits as provided by the carriers. ACA Insurer fees not required for prescription drug rates. The rates exclude the Reinsurance fees and Comparative Effectiveness Research (Patient-Centered Outcome Research Institute) fees assessed to comply with ACA.**

**EUTF admin fees are not included in the rates.**

## Hawaii Employer-Union Health Benefits Trust Fund

### HSTA VB Monthly Active COBRA Rates

Benefit Plan	Type of Enrollment	7/1/2014 - 6/30/2015	
		Regular COBRA	Disability COBRA
MEDICAL PLANS			
HSTA VB - PPO - 90/10 Plan - HMSA Medical	Self	\$ 459.47	\$ 675.69
	Two Party	1,115.06	1,639.80
	Family	1,422.08	2,091.30
HSTA VB - PPO - 80/20 Plan - HMSA Medical	Self	\$ 297.00	\$ 436.77
	Two-Party	720.81	1,060.02
	Family	919.26	1,351.86
HSTA VB PPO Prescription Drug - CVS Caremark	Self	\$ 79.03	\$ 116.22
	Two-Party	192.00	282.36
	Family	244.66	359.79
HSTA VB - HMO - Kaiser Comprehensive Medical Kaiser Prescription Drug	Self	\$ 428.44	\$ 630.06
	Two-Party	1,041.05	1,530.96
	Family	1,328.12	1,953.12
DENTAL PLANS			
HSTA VB - HDS Dental	Self	\$ 32.72	\$ 48.12
	Two-Party	65.44	96.24
	Family	107.67	158.34
HSTA VB - HDS Supplemental Dental	Self	\$ 17.79	\$ 26.16
	Two-Party	35.62	52.38
	Family	53.41	78.54
VISION PLAN			
HSTA VB - VSP Vision	Self	\$ 6.53	\$ 9.60
	Two-Party	12.06	17.73
	Family	15.75	23.16
CHIROPRACTIC PLAN			
Royal State Chiro	Self	\$ 1.43	\$ 2.10
	Two-Party	2.88	4.23
	Family	3.04	4.47

**NOTE: Rates include the ACA Insurer fees for all fully-insured benefits as provided by the carriers. ACA Insurer fees not required for prescription drug rates. The rates exclude the Reinsurance fees and Comparative Effectiveness Research (Patient-Centered Outcome Research Institute) fees assessed to comply with ACA.**

**EUTF admin fees are not included in the rates.**

**Hawaii Employer-Union Health Benefits Trust Fund**  
**EUTF Monthly Retiree COBRA Rates**

Benefit Plan	Type of Enrollment	Regular COBRA
		1/1/2015 - 12/31/2015
MEDICAL PLANS - MEDICARE		
HMSA PPO Medicare	Self	\$ 197.33
	Two Party	384.56
	Family	570.08
Medicare Prescription Drug	Self	\$ 179.19
	Two-Party	348.94
	Family	517.36
Kaiser HMO Medicare Kaiser Prescription Drug	Self	\$ 406.08
	Two-Party	792.25
	Family	1,174.35
MEDICAL PLANS - NON-MEDICARE		
HMSA PPO Non-Medicare	Self	\$ 432.72
	Two-Party	843.25
	Family	1,250.05
Non-Medicare Prescription Drug	Self	\$ 154.96
	Two-Party	301.82
	Family	447.49
Kaiser HMO Non Medicare Kaiser Prescription Drug	Self	\$ 661.25
	Two-Party	1,340.93
	Family	1,980.72
DENTAL PLAN		
HDS Dental	Self	\$ 30.84
	Two-Party	60.16
	Family	73.68
VISION PLAN		
VSP Vision	Self	\$ 5.43
	Two-Party	10.85
	Family	14.57

**Hawaii Employer-Union Health Benefits Trust Fund**  
**HSTA VB Monthly Retiree COBRA Rates**

Benefit Plan	Type of Enrollment	Regular COBRA
		1/1/2015 - 12/31/2015
<b>MEDICAL PLANS - MEDICARE</b>		
HMSA PPO Medicare	Self	\$ 179.52
	Two Party	349.98
	Family	518.79
Medicare Prescription Drug	Self	\$ 182.42
	Two-Party	355.23
	Family	526.69
Kaiser HMO Medicare Kaiser Prescription Drug	Self	\$ 414.51
	Two-Party	808.80
	Family	1,198.93
<b>MEDICAL PLANS - NON-MEDICARE</b>		
HMSA PPO Non-Medicare	Self	\$ 384.83
	Two-Party	749.84
	Family	1,111.64
Non-Medicare Prescription Drug	Self	\$ 183.33
	Two-Party	357.06
	Family	529.42
Kaiser HMO Non Medicare Kaiser Prescription Drug	Self	\$ 663.90
	Two-Party	1,345.05
	Family	1,986.23
<b>DENTAL PLAN</b>		
HDS Dental	Self	\$ 34.48
	Two-Party	67.20
	Family	82.33
<b>VISION PLAN</b>		
VSP Vision	Self	\$ 5.43
	Two-Party	10.85
	Family	14.57
<b>CHIROPRACTIC PLAN</b>		
Royal State Chiro	Self	\$ 1.46
	Two-Party	2.93
	Family	3.10